

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1319	I	FROM 6/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 10/25/2010 TIME 11:17

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
HAMMOND-HENRY HOSPITAL 14-1319
FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2009 AND ENDING 5/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 10/25/2010 TIME 11:17

RS7tOGxHuoywsa2SUKNhQ3OMDY6ya0
5TnFg0Nd3YsjDo3AyJbbz7apzt7Uhd
l:jy0QPIX20qqD6R

PI ENCRYPTION INFORMATION
DATE: 10/25/2010 TIME 11:17

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ZSrsa061XccuxfMBw160wiQL652.qy
u4Ai4.YYA0hdwiB

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	122,283	277,689	0	
3	SWING BED - SNF	0	68,820	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	97	0	
100	TOTAL	0	191,103	277,786	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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WORKSHEET S
PARTS I & II

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	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 10/21/2010 TIME 17:12

PART I - CERTIFICATION

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HAMMOND-HENRY HOSPITAL 14-1319
FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2009 AND ENDING 5/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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	TITLE V	A	TITLE XVIII	B	TITLE XIX	
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100	TOTAL	0	191,103	277,786	0	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 N. COLLEGE AVENUE P.O. BOX:
 1.01 CITY: GENESEO STATE: IL ZIP CODE: 61254-1099 COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;					PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
02.00	HOSPITAL	14-1319	2.01	6/ 4/2002	N	O	O
04.00	SWING BED - SNF	14-2319		5/21/2003	N	O	N
06.00	HOSPITAL-BASED SNF	14-5464		6/ 1/1983	N	P	N
09.00	HOSPITAL-BASED HHA	14-7450		6/ 5/1986	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2009 TO: 5/31/2010
 18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-2
I I TO 5/31/2010 I

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.8386 0.8312
0.00 2 9914 99914
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 102.00% Y
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.38% Y
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

V XVIII XIX
1 2 3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 143,357
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/21/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-3
I I TO 5/31/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	67,992.00			1,754	170
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						529	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	67,992.00			2,283	170
11 NURSERY							104
12 TOTAL	25	9,125	67,992.00			2,283	274
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	25	9,125				1,305	1,259
17 OTHER LONG TERM CARE	32	11,680					
18 HOME HEALTH AGENCY						6,926	
25 TOTAL	82						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,833				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			582				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,415				
11 NURSERY			232				
12 TOTAL			3,647				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,164				
17 OTHER LONG TERM CARE			9,782				
18 HOME HEALTH AGENCY			8,772				
25 TOTAL							
26 OBSERVATION BED DAYS			630		630		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					499	83	931
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		202.73			499	83	931
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		11.84					
17 OTHER LONG TERM CARE		18.45					31
18 HOME HEALTH AGENCY		8.55					
25 TOTAL		241.57					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-4
I HHA NO: I TO 5/31/2010 I
I 14-7450 I
COUNTY: HENRY I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,629	0	0
2 UNDUPLICATED CENSUS COUNT		237.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,629
2 UNDUPLICATED CENSUS COUNT	237.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	1.16		1.16
6 DIRECTING NURSING SERVICE	5.13		5.13
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.26		1.26
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1960		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,979	216	106	61
22 SKILLED NURSING VISIT CHARGES	354,505	25,488	12,493	7,785
23 PHYSICAL THERAPY VISITS	1,782	8	7	44
24 PHYSICAL THERAPY VISIT CHARGES	266,830	1,200	1,050	6,600
25 OCCUPATIONAL THERAPY VISITS	495	0	2	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	74,020	0	290	600
27 SPEECH PATHOLOGY VISITS	14	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,090	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	66	2	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,880	360	0	180
31 HOME HEALTH AIDE VISITS	1,233	5	1	3
32 HOME HEALTH AIDE VISIT CHARGES	78,858	320	64	192
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	6,569	231	116	113
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	788,183	27,368	13,897	15,357
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	328	0	42	9
37 TOTAL NUMBER OF OUTLIER EPISODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,335	709	0	0

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-4
 I HHA NO: I TO 5/31/2010 I
 I 14-7450 I
 COUNTY: HENRY I

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,362
22 SKILLED NURSING VISIT CHARGES	0	0	400,271
23 PHYSICAL THERAPY VISITS	0	0	1,841
24 PHYSICAL THERAPY VISIT CHARGES	0	0	275,680
25 OCCUPATIONAL THERAPY VISITS	0	0	501
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	74,910
27 SPEECH PATHOLOGY VISITS	0	0	14
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,090
29 MEDICAL SOCIAL SERVICE VISITS	0	0	69
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,420
31 HOME HEALTH AIDE VISITS	0	0	1,242
32 HOME HEALTH AIDE VISIT CHARGES	0	0	79,434
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	7,029
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	844,805
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	379
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	4,044

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS	SERVICES ON/AFTER 10/1 RATE	DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		11				
5	RVB		170				
6	RVA		47				
6 .01	RVX		50				
6 .02	RVL		156				
7	RHC		235				
8	RHB		179				
9	RHA		50				
9 .01	RHX						
9 .02	RHL						
10	RMC		5				
11	RMB		24				
12	RMA		23				
12 .01	RMX		138				
12 .02	RML		165				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		11				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		5				
26	CA1		32				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		4				
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,305				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01): 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

	GROUP(1)	M3PI	HIGH COST(2)	SWING BED	SNF	TOTAL
		REVENUE CODE	RUGS DAYS	DAYS	DAYS	
	1	2	4.05	4.06		5
1	RUC					
2	RUB					
3	RUA					
3	.01 RUX					
3	.02 RUL					
4	RVC					
5	RVB					
6	RVA					
6	.01 RVX					
6	.02 RVL					
7	RHC					
8	RHB					
9	RHA					
9	.01 RHX					
9	.02 RHL					
10	RMC					
11	RMB					
12	RMA					
12	.01 RMX					
12	.02 RML					
13	RLB					
14	RLA					
14	.01 RLX					
15	SE3					
16	SE2					
17	SE1					
18	SSC					
19	SSB					
20	SSA					
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01): 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,020,236	1,020,236	459,851	1,480,087
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		913,494	913,494	17,836	931,330
5	0500 EMPLOYEE BENEFITS	54,312	2,805,028	2,859,340		2,859,340
6.02	0620 DATA PROCESSING	283,637	198,248	481,885		481,885
6.03	0630 PURCHASING, RECEIVING AND STORES	107,762	11,213	118,975		118,975
6.04	0640 ADMITTING	142,886	8,553	151,439		151,439
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	210,819	136,454	347,273		347,273
6.06	0660 ADMINISTRATIVE & GENERAL	653,799	1,492,024	2,145,823	-139,905	2,005,918
8	0800 OPERATION OF PLANT	176,010	854,000	1,030,010	-61,193	968,817
9	0900 LAUNDRY & LINEN SERVICE	25,194	107,557	132,751		132,751
10	1000 HOUSEKEEPING	304,197	76,673	380,870		380,870
11	1100 DIETARY	449,020	431,735	880,755		880,755
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	115,954	7,847	123,801		123,801
15	1500 CENTRAL SERVICES & SUPPLY		23,278	23,278		23,278
16	1600 PHARMACY	172,715	668,541	841,256	-469,373	371,883
17	1700 MEDICAL RECORDS & LIBRARY	271,440	69,796	341,236		341,236
18	1800 SOCIAL SERVICE	150,031	3,379	153,410		153,410
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,718,725	338,586	2,057,311	-32,212	2,025,099
33	3300 NURSERY	103,442	422	103,864		103,864
34	3400 SKILLED NURSING FACILITY	414,130	26,767	440,897		440,897
36	3600 OTHER LONG TERM CARE	575,201	38,497	613,698		613,698
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,131,948	1,931,184	3,063,132		3,063,132
39	3900 DELIVERY ROOM & LABOR ROOM				32,212	32,212
40	4000 ANESTHESIOLOGY	555,136	255,384	810,520		810,520
41	4100 RADIOLOGY-DIAGNOSTIC	625,842	1,426,677	2,052,519		2,052,519
44	4400 LABORATORY	460,220	662,699	1,122,919		1,122,919
50	5000 PHYSICAL THERAPY	753,931	159,015	912,946		912,946
51	5100 OCCUPATIONAL THERAPY	221,276	9,641	230,917		230,917
52	5200 SPEECH PATHOLOGY	12,550	9,636	22,186		22,186
53	5300 ELECTROCARDIOLOGY	316,520	190,710	507,230		507,230
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS				469,373	469,373
59	3950 DURABLE MEDICAL EQUIPMENT					
59.01	3951 SLEEP LAB	76,887	43,429	120,316		120,316
59.02	3020 IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	215,692	258,439	474,131	21,618	495,749
61	6100 EMERGENCY	440,356	1,281,705	1,722,061		1,722,061
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	414,038	103,542	517,580		517,580
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		453,503	453,503	-453,503	
95	SUBTOTALS	11,153,670	16,017,892	27,171,562	-155,296	27,016,266
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES				15,559	15,559
98.02	9802 ORTHO CLINIC					
98.03	9803 LEASED SPACE				139,737	139,737
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 PHYSICIAN BILLING COSTS					
100.02	7952 KELLY MEDICAL RENTAL AREA					
100.03	7953 ANESTHESIA BILLING					
101	TOTAL	11,153,670	16,017,892	27,171,562	-0-	27,171,562

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-169,804	1,310,283
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,986	929,344
5	0500 EMPLOYEE BENEFITS	-111,027	2,748,313
6.02	0620 DATA PROCESSING		481,885
6.03	0630 PURCHASING, RECEIVING AND STORES	-950	118,025
6.04	0640 ADMITTING		151,439
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		347,273
6.06	0660 ADMINISTRATIVE & GENERAL	-256,449	1,749,469
8	0800 OPERATION OF PLANT		968,817
9	0900 LAUNDRY & LINEN SERVICE		132,751
10	1000 HOUSEKEEPING		380,870
11	1100 DIETARY	-160,652	720,103
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		123,801
15	1500 CENTRAL SERVICES & SUPPLY	-174	23,104
16	1600 PHARMACY		371,883
17	1700 MEDICAL RECORDS & LIBRARY	-1,593	339,643
18	1800 SOCIAL SERVICE		153,410
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-3,687	2,021,412
33	3300 NURSERY		103,864
34	3400 SKILLED NURSING FACILITY	-2,267	438,630
36	3600 OTHER LONG TERM CARE	-2,304	611,394
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,063,132
39	3900 DELIVERY ROOM & LABOR ROOM		32,212
40	4000 ANESTHESIOLOGY	-810,520	
41	4100 RADIOLOGY-DIAGNOSTIC		2,052,519
44	4400 LABORATORY		1,122,919
50	5000 PHYSICAL THERAPY	-100,088	812,858
51	5100 OCCUPATIONAL THERAPY		230,917
52	5200 SPEECH PATHOLOGY		22,186
53	5300 ELECTROCARDIOLOGY	-39,259	467,971
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		469,373
59	3950 DURABLE MEDICAL EQUIPMENT		
59.01	3951 SLEEP LAB		120,316
59.02	3020 IV THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-113,228	382,521
61	6100 EMERGENCY	-717,952	1,004,109
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-6,868	510,712
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,498,808	24,517,458
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		15,559
98.02	9802 ORTHO CLINIC		
98.03	9803 LEASED SPACE		139,737
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 PHYSICIAN BILLING COSTS		
100.02	7952 KELLY MEDICAL RENTAL AREA		
100.03	7953 ANESTHESIA BILLING		
101	TOTAL	-2,498,808	24,672,754

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DURABLE MEDICAL EQUIPMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.02	IV THERAPY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.02	ORTHO CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PHYSICIAN BILLING COSTS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	KELLY MEDICAL RENTAL AREA	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ANESTHESIA BILLNG	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 141319	PERIOD: FROM 6/ 1/2009 TO 5/31/2010	PREPARED 10/21/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56			469,373
2 CALONA CLINIC BUILDING DEPRECIATION	B	CLINIC	60			21,618
3 FMA BUILDING DEPR	F	PHYSICIANS' PRIVATE OFFICES	98			15,559
4 APART RENTAL EXP	H	LEASED SPACE	98.03			61,193
5 INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			452,244
6 OTHER INT EXP - CAP LEASE	J	NEW CAP REL COSTS-MVBLE EQUIP	4			1,259
7 OTHER CAPITAL COSTS	K	NEW CAP REL COSTS-BLDG & FIXT	3			44,784
8		NEW CAP REL COSTS-MVBLE EQUIP	4			16,577
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	LEASED SPACE	98.03		68,822	9,722
10 DELIVERY AND LABOR RECLASS	O	DELIVERY ROOM & LABOR ROOM	39		32,212	
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40			555,136
12		ADMINISTRATIVE & GENERAL	6.06			80,273
36 TOTAL RECLASSIFICATIONS					101,034	1,727,738

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141319	FROM 6/ 1/2009	10/21/2010
	TO 5/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		469,373	
2 CALONA CLINIC BUILDING DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		21,618	9
3 FMA BUILDING DEPR	F	NEW CAP REL COSTS-BLDG & FIXT	3		15,559	9
4 APART RENTAL EXP	H	OPERATION OF PLANT	8		61,193	
5 INTEREST EXPENSE	I	INTEREST EXPENSE	88		452,244	9
6 OTHER INT EXP - CAP LEASE	J	INTEREST EXPENSE	88		1,259	9
7 OTHER CAPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6.06		61,361	9
8						9
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	ADMINISTRATIVE & GENERAL	6.06	68,822	9,722	
10 DELIVERY AND LABOR RECLASS	O	ADULTS & PEDIATRICS	25	32,212		
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40	555,136		
12		ADMINISTRATIVE & GENERAL	6.06	80,273		
36 TOTAL RECLASSIFICATIONS				736,443	1,092,329	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141319	6/ 1/2009	10/21/2010
	TO 5/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	469,373
TOTAL RECLASSIFICATIONS FOR CODE A			469,373

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	469,373	
			469,373

RECLASS CODE: B
EXPLANATION : CALONA CLINIC BUILDING DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	21,618
TOTAL RECLASSIFICATIONS FOR CODE B			21,618

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	21,618	
			21,618

RECLASS CODE: F
EXPLANATION : FMA BUILDING DEPR

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	15,559
TOTAL RECLASSIFICATIONS FOR CODE F			15,559

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	15,559	
			15,559

RECLASS CODE: H
EXPLANATION : APART RENTAL EXP

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	61,193
TOTAL RECLASSIFICATIONS FOR CODE H			61,193

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	61,193	
			61,193

RECLASS CODE: I
EXPLANATION : INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	452,244
TOTAL RECLASSIFICATIONS FOR CODE I			452,244

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	452,244	
			452,244

RECLASS CODE: J
EXPLANATION : OTHER INT EXP - CAP LEASE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,259
TOTAL RECLASSIFICATIONS FOR CODE J			1,259

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,259	
			1,259

RECLASS CODE: K
EXPLANATION : OTHER CAPITAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,784
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,577
TOTAL RECLASSIFICATIONS FOR CODE K			61,361

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	61,361	
			0
			61,361

RECLASS CODE: N
EXPLANATION : OFFICE HOUSEKEEPING/MAINT/OTHER

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	78,544
TOTAL RECLASSIFICATIONS FOR CODE N			78,544

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	78,544	
			78,544

RECLASS CODE: O
EXPLANATION : DELIVERY AND LABOR RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	32,212
TOTAL RECLASSIFICATIONS FOR CODE O			32,212

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	32,212	
			32,212

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 10/21/2010
141319	FROM 6/ 1/2009	WORKSHEET A-6
	TO 5/31/2010	NOT A CMS WORKSHEET

RECLASS CODE: P
 EXPLANATION : RECLASS SALARIES FOR B-1 EB ALLOC

		----- INCREASE -----		----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	555,136	ANESTHESIOLOGY	40	555,136
2.00	ADMINISTRATIVE & GENERAL	6.06	80,273	ADMINISTRATIVE & GENERAL	6.06	80,273
TOTAL RECLASSIFICATIONS FOR CODE P			635,409			635,409

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	1,108,543					1,108,543	
2	LAND IMPROVEMENTS	694,224	19,642		19,642		713,866	
3	BUILDINGS & FIXTURE	22,596,069	1,944,768		1,944,768		24,540,837	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	9,224,758	746,195		746,195	524,590	9,446,363	
7	SUBTOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	
8	RECONCILING ITEMS							
9	TOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	26,363,246		26,363,246	.736206				
4	NEW CAP REL COSTS-MV	9,446,363		9,446,363	.263794				
5	TOTAL	35,809,609		35,809,609	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,310,283						1,310,283
4	NEW CAP REL COSTS-MV	929,344						929,344
5	TOTAL	2,239,627						2,239,627

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,020,236						1,020,236
4	NEW CAP REL COSTS-MV	913,494						913,494
5	TOTAL	1,933,730						1,933,730

* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1319
I

I PERIOD: I PREPARED 10/21/2010
I FROM 6/ 1/2009 I WORKSHEET A-8-2
I TO 5/31/2010 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	44	LABORATORY	54,400		54,400				
2	61	EMERGENCY	1,187,164	717,952	469,212				
3	53	EKG	39,259	39,259					
4	60	COLONA CLINIC PHYSICIAN S	98,841	98,841					
5	60	COLONA CLINIC PHYSICIAN E	14,387	14,387					
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,394,051	870,439	523,612				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-1319 I
I I

I PERIOD: I
I FROM 6/ 1/2009 I
I TO 5/31/2010 I

I PREPARED 10/21/2010 I
I WORKSHEET A-8-2 I
I GROUP 1 I

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	44	LABORATORY							
2	61	EMERGENCY						717,952	
3	53	EKG						39,259	
4	60	COLONA CLINIC PHYSICIAN S						98,841	
5	60	COLONA CLINIC PHYSICIAN E						14,387	
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL						870,439	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 5/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.02	DATA PROCESSING	8	TIME	SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLY	COST	ENTERED
6.04	ADMITTING	10	GROSS	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS PT.	CHARGES	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-12	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	14	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF	SERVICE	ENTERED
11	DIETARY	17	MEALS	SERVED	ENTERED
12	CAFETERIA	18	FTE'S		ENTERED
14	NURSING ADMINISTRATION	20	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	21	COSTED	REQUIS	ENTERED
16	PHARMACY	22	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	GROSS PT.	CHARGES	ENTERED
18	SOCIAL SERVICE	24	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	DATA PROCESSI NG 6.02	PURCHASING, R ECEIVING AND 6.03	ADMITTING 6.04
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E	1,310,283	1,310,283					
005 EMPLOYEE BENEFITS	929,344		929,344				
006 02 DATA PROCESSING	2,748,313	2,665	892	2,751,870			
006 03 PURCHASING, RECEIVING AND	481,885	12,221	268,444	74,593	837,143		
006 04 ADMITTING	118,025	28,175	109	28,340		174,649	
006 05 CASHIERING/ACCOUNTS RECEI	151,439	6,892		37,577	14,764	385	211,057
006 06 ADMINISTRATIVE & GENERAL	347,273	17,368	2,617	55,442		366	
008 OPERATION OF PLANT	1,749,469	128,358	25,247	132,730	116,639	2,811	
009 LAUNDRY & LINEN SERVICE	968,817	130,277	45,739	46,288		3,161	
010 HOUSEKEEPING	132,751	9,392	113	6,626		144	
011 DIETARY	380,870	7,439	3,085	80,000		3,069	
012 CAFETERIA	720,103	50,048	11,769	118,086	17,717	2,642	
014 NURSING ADMINISTRATION					11,812		
015 CENTRAL SERVICES & SUPPLY	123,801	1,259	283	30,494		74	
016 PHARMACY	23,104					1,391	
017 MEDICAL RECORDS & LIBRARY	371,883	12,013	3,666	45,422	25,100	612	
018 SOCIAL SERVICE	339,643	25,163	14,312	71,385	63,487	787	
025 INPAT ROUTINE SRVC CNTRS	153,410	3,021		39,456	8,859	50	
025 ADULTS & PEDIATRICS	2,021,412	126,666	63,727	443,530	101,875	8,239	11,921
033 NURSERY	103,864		3,564	27,204		23	721
034 SKILLED NURSING FACILITY	438,630	90,583	7,001	108,910	22,147	1,061	1,732
036 OTHER LONG TERM CARE	611,394	112,952	4,655	151,270	26,576	1,454	7,046
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,063,132	117,569	134,822	297,686	25,100	99,767	47,330
039 DELIVERY ROOM & LABOR ROO	32,212	4,904		8,471			1,052
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,052,519	61,697	125,663	164,588	41,340	14,042	44,988
044 LABORATORY	1,122,919	13,723	20,463	121,031	35,435	16,412	19,882
050 PHYSICAL THERAPY	812,858	28,244	30,617	198,273	72,346	1,788	12,901
051 OCCUPATIONAL THERAPY	230,917	20,155	1,113	58,192		98	4,457
052 SPEECH PATHOLOGY	22,186	6,701	825	3,300			123
053 ELECTROCARDIOLOGY	467,971	13,445	67,190	83,240	13,288	1,231	10,906
055 MEDICAL SUPPLIES CHARGED							1,720
056 DRUGS CHARGED TO PATIENTS	469,373						18,205
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	120,316	4,583	2,689	20,220		166	2,742
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	382,521		28,104	56,724	25,100	5,366	
061 EMERGENCY	1,004,109	29,442	46,394	115,807	211,129	4,498	18,603
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	510,712	10,850	13,614	108,886	4,429	1,755	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	24,517,458	1,075,805	926,717	2,733,771	837,143	171,392	204,329
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680					
098 PHYSICIANS' PRIVATE OFFIC	15,559	40,275	2,627				
098 02 ORTHO CLINIC		2,743					
098 03 LEASED SPACE	139,737	152,036		18,099			
100 OTHER NONREIMBURSABLE COS		25,788					
100 01 PHYSICIAN BILLING COSTS							
100 02 KELLY MEDICAL RENTAL AREA		4,956					
100 03 ANESTHESIA BILLNG						3,257	6,728
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,672,754	1,310,283	929,344	2,751,870	837,143	174,649	211,057

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	423,066						
006 06 ADMINISTRATIVE & GENERAL		2,155,254	2,155,254				
008 OPERATION OF PLANT		1,194,282	114,311	1,308,593			
009 LAUNDRY & LINEN SERVICE		149,026	14,264	14,815	178,105		
010 HOUSEKEEPING		474,463	45,413	11,734	14,816	546,426	
011 DIETARY		920,365	88,093	78,950	1,081	13,596	1,102,085
012 CAFETERIA		11,812	1,131			31,562	715,706
014 NURSING ADMINISTRATION		155,911	14,923	1,985			
015 CENTRAL SERVICES & SUPPLY		24,495	2,345				
016 PHARMACY		458,696	43,904	18,950		4,208	
017 MEDICAL RECORDS & LIBRARY		514,777	49,272	39,694		4,208	
018 SOCIAL SERVICE		204,796	19,602	4,765		2,104	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,338	2,800,708	268,070	199,813	35,433	132,234	77,646
033 NURSERY	1,412	136,788	13,093			971	
034 SKILLED NURSING FACILITY	3,391	673,455	64,460	142,894	20,581	64,257	109,309
036 OTHER LONG TERM CARE	13,793	929,140	88,933	178,179	49,235	65,390	199,424
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	92,705	3,878,111	371,182	185,463	23,368	91,449	
039 DELIVERY ROOM & LABOR ROO	2,060	48,699	4,661	7,736			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	88,075	2,592,912	248,181	97,325	10,773	8,417	
044 LABORATORY	38,924	1,388,789	132,928	21,648		13,596	
050 PHYSICAL THERAPY	25,256	1,182,283	113,162	44,555	10,026	8,417	
051 OCCUPATIONAL THERAPY	8,725	323,657	30,979	31,794		1,619	
052 SPEECH PATHOLOGY	241	33,376	3,195	10,571			
053 ELECTROCARDIOLOGY	20,321	677,592	64,856	21,209		1,619	
055 MEDICAL SUPPLIES CHARGED	3,367	5,087	487				
056 DRUGS CHARGED TO PATIENTS	35,641	523,219	50,080				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	5,368	156,084	14,940	7,230	1,309	4,694	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,080	501,895	48,039			20,556	
061 EMERGENCY	22,100	1,452,082	138,986	46,445	10,267	19,908	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	5,748	655,994	62,788	17,115		3,237	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	394,545	24,223,748	2,112,278	1,182,870	176,889	492,042	1,102,085
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680	831	13,692			
098 PHYSICIANS' PRIVATE OFFIC		58,461	5,596	63,533			
098 02 ORTHO CLINIC		2,743	263				
098 03 LEASED SPACE		309,872	29,659		1,216	54,384	
100 OTHER NONREIMBURSABLE COS		25,788	2,468	40,680			
100 01 PHYSICIAN BILLING COSTS	15,349	15,349	1,469				
100 02 KELLY MEDICAL RENTAL AREA		4,956	474	7,818			
100 03 ANESTHESIA BILLNG	13,172	23,157	2,216				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	423,066	24,672,754	2,155,254	1,308,593	178,105	546,426	1,102,085

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	760,211						
014 NURSING ADMINISTRATION	4,926	177,745					
015 CENTRAL SERVICES & SUPPLY			26,840				
016 PHARMACY	13,742			539,500			
017 MEDICAL RECORDS & LIBRARY	45,167				653,118		
018 SOCIAL SERVICE	15,516	6,004				252,787	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	159,932	61,892			36,030	89,943	3,861,701
033 NURSERY	887	343			2,179		154,261
034 SKILLED NURSING FACILITY	58,319	22,568			5,236	70,061	1,231,140
036 OTHER LONG TERM CARE	90,877	31,699			21,294	37,397	1,691,568
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	92,798	35,911			143,109	2,367	4,823,758
039 DELIVERY ROOM & LABOR ROO	3,349	1,296			3,180		68,921
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	54,821				135,969		3,148,398
044 LABORATORY	52,901				60,091		1,669,953
050 PHYSICAL THERAPY	76,198				38,990		1,473,631
051 OCCUPATIONAL THERAPY	18,717				13,470		420,236
052 SPEECH PATHOLOGY	197				372		47,711
053 ELECTROCARDIOLOGY	25,268				31,372		821,916
055 MEDICAL SUPPLIES CHARGED			26,840		5,198		37,612
056 DRUGS CHARGED TO PATIENTS				539,500	55,022		1,167,821
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	7,438	2,878			8,287		202,860
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					6,298	3,787	580,575
061 EMERGENCY	39,158	15,154			34,118	6,154	1,762,272
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					8,874	43,078	791,086
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	760,211	177,745	26,840	539,500	609,089	252,787	23,955,420
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							23,203
098 PHYSICIANS' PRIVATE OFFIC							127,590
098 02 ORTHO CLINIC							3,006
098 03 LEASED SPACE							395,131
100 OTHER NONREIMBURSABLE COS							68,936
100 01 PHYSICIAN BILLING COSTS					23,695		40,513
100 02 KELLY MEDICAL RENTAL AREA							13,248
100 03 ANESTHESIA BILLNG					20,334		45,707
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	760,211	177,745	26,840	539,500	653,118	252,787	24,672,754

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
DESCRIPTION	26	27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		3,861,701
033 NURSERY		154,261
034 SKILLED NURSING FACILITY		1,231,140
036 OTHER LONG TERM CARE		1,691,568
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		4,823,758
039 DELIVERY ROOM & LABOR ROO		68,921
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		3,148,398
044 LABORATORY		1,669,953
050 PHYSICAL THERAPY		1,473,631
051 OCCUPATIONAL THERAPY		420,236
052 SPEECH PATHOLOGY		47,711
053 ELECTROCARDIOLOGY		821,916
055 MEDICAL SUPPLIES CHARGED		37,612
056 DRUGS CHARGED TO PATIENTS		1,167,821
059 DURABLE MEDICAL EQUIPMENT		
059 01 SLEEP LAB		202,860
059 02 IV THERAPY		
OUTPAT SERVICE COST CNTRS		
060 CLINIC		580,575
061 EMERGENCY		1,762,272
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		791,086
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		23,955,420
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		23,203
098 PHYSICIANS' PRIVATE OFFIC		127,590
098 02 ORTHO CLINIC		3,006
098 03 LEASED SPACE		395,131
100 OTHER NONREIMBURSABLE COS		68,936
100 01 PHYSICIAN BILLING COSTS		40,513
100 02 KELLY MEDICAL RENTAL AREA		13,248
100 03 ANESTHESIA BILLNG		45,707
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		24,672,754

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & OSTS 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,665	892	3,557	3,557		
006 02 DATA PROCESSING		12,221	268,444	280,665	96	280,761	
006 03 PURCHASING, RECEIVING AND		28,175	109	28,284	37		28,321
006 04 ADMITTING		6,892		6,892	49	4,952	62
006 05 CASHIERING/ACCOUNTS RECEI		17,368	2,617	19,985	72		59
006 06 ADMINISTRATIVE & GENERAL		128,358	25,247	153,605	172	39,118	456
008 OPERATION OF PLANT		130,277	45,739	176,016	60		513
009 LAUNDRY & LINEN SERVICE		9,392	113	9,505	9		23
010 HOUSEKEEPING		7,439	3,085	10,524	103		498
011 DIETARY		50,048	11,769	61,817	153	5,942	428
012 CAFETERIA						3,961	
014 NURSING ADMINISTRATION		1,259	283	1,542	39		12
015 CENTRAL SERVICES & SUPPLY							226
016 PHARMACY		12,013	3,666	15,679	59	8,418	99
017 MEDICAL RECORDS & LIBRARY		25,163	14,312	39,475	92	21,292	128
018 SOCIAL SERVICE		3,021		3,021	51	2,971	8
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		126,666	63,727	190,393	572	34,167	1,336
034 NURSERY			3,564	3,564	35		4
036 SKILLED NURSING FACILITY		90,583	7,001	97,584	141	7,428	172
037 OTHER LONG TERM CARE		112,952	4,655	117,607	196	8,913	236
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		117,569	134,822	252,391	385	8,418	16,178
041 DELIVERY ROOM & LABOR ROO		4,904		4,904	11		
044 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC		61,697	125,663	187,360	213	13,865	2,277
051 LABORATORY		13,723	20,463	34,186	156	11,884	2,661
052 PHYSICAL THERAPY		28,244	30,617	58,861	256	24,263	290
053 OCCUPATIONAL THERAPY		20,155	1,113	21,268	75		16
055 SPEECH PATHOLOGY		6,701	825	7,526	4		
056 ELECTROCARDIOLOGY		13,445	67,190	80,635	108	4,457	200
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB		4,583	2,689	7,272	26		27
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			28,104	28,104	73	8,418	870
062 EMERGENCY		29,442	46,394	75,836	150	70,808	729
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY		10,850	13,614	24,464	141	1,486	285
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,075,805	926,717	2,002,522	3,534	280,761	27,793
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680		8,680			
098 PHYSICIANS' PRIVATE OFFIC		40,275	2,627	42,902			
098 02 ORTHO CLINIC		2,743		2,743			
098 03 LEASED SPACE		152,036		152,036	23		
100 OTHER NONREIMBURSABLE COS		25,788		25,788			
100 01 PHYSICIAN BILLING COSTS							
100 02 KELLY MEDICAL RENTAL AREA		4,956		4,956			
100 03 ANESTHESIA BILLNG							528
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,310,283	929,344	2,239,627	3,557	280,761	28,321

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.04	6.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	11,955						
006 05 CASHIERING/ACCOUNTS RECEI		20,116					
006 06 ADMINISTRATIVE & GENERAL			193,351				
008 OPERATION OF PLANT			10,255	186,844			
009 LAUNDRY & LINEN SERVICE			1,280	2,115	12,932		
010 HOUSEKEEPING			4,074	1,675	1,076	17,950	
011 DIETARY			7,903	11,273	79	447	88,042
012 CAFETERIA			101			1,037	57,176
014 NURSING ADMINISTRATION			1,339	283			
015 CENTRAL SERVICES & SUPPLY			210				
016 PHARMACY			3,939	2,706		138	
017 MEDICAL RECORDS & LIBRARY			4,420	5,668		138	
018 SOCIAL SERVICE			1,759	680		69	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	675	1,109	24,050	28,531	2,573	4,346	6,203
034 NURSERY	41	67	1,175			32	
036 SKILLED NURSING FACILITY	98	161	5,783	20,403	1,494	2,111	8,732
036 OTHER LONG TERM CARE	399	655	7,979	25,441	3,575	2,148	15,931
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,689	4,423	33,293	26,481	1,697	3,004	
040 DELIVERY ROOM & LABOR ROO	60	98	418	1,105			
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	2,546	4,184	22,265	13,896	782	276	
050 LABORATORY	1,125	1,849	11,926	3,091		447	
051 PHYSICAL THERAPY	730	1,200	10,152	6,362	728	276	
052 OCCUPATIONAL THERAPY	252	414	2,779	4,540		53	
052 SPEECH PATHOLOGY	7	11	287	1,509			
053 ELECTROCARDIOLOGY	617	965	5,818	3,028		53	
055 MEDICAL SUPPLIES CHARGED	97	160	44				
056 DRUGS CHARGED TO PATIENTS	1,030	1,693	4,493				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	155	255	1,340	1,032	95	154	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		194	4,310			675	
062 EMERGENCY	1,053	1,050	12,469	6,631	745	654	
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		273	5,633	2,444		106	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,574	18,761	189,494	168,894	12,844	16,164	88,042
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			75	1,955			
098 PHYSICIANS' PRIVATE OFFIC			502	9,071			
098 02 ORTHO CLINIC			24				
098 03 LEASED SPACE			2,661		88	1,786	
100 OTHER NONREIMBURSABLE COS			221	5,808			
100 01 PHYSICIAN BILLING COSTS		729	132				
100 02 KELLY MEDICAL RENTAL AREA			43	1,116			
100 03 ANESTHESIA BILLNG	381	626	199				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,955	20,116	193,351	186,844	12,932	17,950	88,042

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	62,275						
014 NURSING ADMINISTRATION	403	3,618					
015 CENTRAL SERVICES & SUPPLY			436				
016 PHARMACY	1,126			32,164			
017 MEDICAL RECORDS & LIBRARY	3,700				74,913		
018 SOCIAL SERVICE	1,271	122				9,952	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	13,102	1,261			4,132	3,542	315,992
034 NURSERY	73	7			250		5,248
036 SKILLED NURSING FACILITY	4,777	459			601	2,758	152,702
036 OTHER LONG TERM CARE	7,444	645			2,442	1,472	195,083
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,602	731			16,417	93	373,802
040 DELIVERY ROOM & LABOR ROO	274	26			365		7,261
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	4,491				15,595		267,750
050 LABORATORY	4,334				6,892		78,551
051 PHYSICAL THERAPY	6,242				4,472		113,832
052 OCCUPATIONAL THERAPY	1,533				1,545		32,475
053 SPEECH PATHOLOGY	16				43		9,403
055 ELECTROCARDIOLOGY	2,070				3,598		101,549
056 MEDICAL SUPPLIES CHARGED			436		596		1,333
059 DRUGS CHARGED TO PATIENTS				32,164	6,311		45,691
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	609	59			951		11,975
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					722	149	43,515
062 EMERGENCY	3,208	308			3,913	242	177,796
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,018	1,696	37,546
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	62,275	3,618	436	32,164	69,863	9,952	1,971,504
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							10,710
098 PHYSICIANS' PRIVATE OFFIC							52,475
098 02 ORTHO CLINIC							2,767
098 03 LEASED SPACE							156,594
100 OTHER NONREIMBURSABLE COS							31,817
100 01 PHYSICIAN BILLING COSTS					2,718		3,579
100 02 KELLY MEDICAL RENTAL AREA							6,115
100 03 ANESTHESIA BILLNG					2,332		4,066
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,275	3,618	436	32,164	74,913	9,952	2,239,627

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		315,992
033 NURSERY		5,248
034 SKILLED NURSING FACILITY		152,702
036 OTHER LONG TERM CARE		195,083
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		373,802
039 DELIVERY ROOM & LABOR ROO		7,261
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		267,750
044 LABORATORY		78,551
050 PHYSICAL THERAPY		113,832
051 OCCUPATIONAL THERAPY		32,475
052 SPEECH PATHOLOGY		9,403
053 ELECTROCARDIOLOGY		101,549
055 MEDICAL SUPPLIES CHARGED		1,333
056 DRUGS CHARGED TO PATIENTS		45,691
059 DURABLE MEDICAL EQUIPMENT		
059 01 SLEEP LAB		11,975
059 02 IV THERAPY		
OUTPAT SERVICE COST CNTRS		
060 CLINIC		43,515
061 EMERGENCY		177,796
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		37,546
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		1,971,504
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		10,710
098 PHYSICIANS' PRIVATE OFFIC		52,475
098 02 ORTHO CLINIC		2,767
098 03 LEASED SPACE		156,594
100 OTHER NONREIMBURSABLE COS		31,817
100 01 PHYSICIAN BILLING COSTS		3,579
100 02 KELLY MEDICAL RENTAL AREA		6,115
100 03 ANESTHESIA BILLNG		4,066
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		2,239,627

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE OSTS	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(TIME SPENT)	(SUPPLY COST)	(GROSS CHARGES)
	3	4	5	6.02	6.03	6.04
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	150,956					
005 NEW CAP REL COSTS-MVB		913,494				
005 EMPLOYEE BENEFITS	307	877	10,463,949			
006 02 DATA PROCESSING	1,408	263,866	283,637	14,175		
006 03 PURCHASING, RECEIVING	3,246	107	107,762		3,167,924	
006 04 ADMITTING	794		142,886	250	6,983	49,570,431
006 05 CASHIERING/ACCOUNTS R	2,001	2,572	210,819		6,644	
006 06 ADMINISTRATIVE & GENE	14,788	24,816	504,704	1,975	50,990	
008 OPERATION OF PLANT	15,009	44,959	176,010		57,332	
009 LAUNDRY & LINEN SERVI	1,082	111	25,194		2,610	
010 HOUSEKEEPING	857	3,032	304,197		55,673	
011 DIETARY	5,766	11,568	449,020	300	47,930	
012 CAFETERIA				200		
014 NURSING ADMINISTRATIO	145	278	115,954		1,334	
015 CENTRAL SERVICES & SU					25,233	
016 PHARMACY	1,384	3,603	172,715	425	11,107	
017 MEDICAL RECORDS & LIB	2,899	14,068	271,440	1,075	14,275	
018 SOCIAL SERVICE	348		150,031	150	906	
025 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	14,593	62,640	1,686,513	1,725	149,445	2,799,715
034 NURSERY		3,503	103,442		422	169,355
036 SKILLED NURSING FACIL	10,436	6,882	414,130	375	19,242	406,847
036 OTHER LONG TERM CARE	13,013	4,576	575,201	450	26,368	1,654,651
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	13,545	132,523	1,131,948	425	1,809,661	11,118,612
040 DELIVERY ROOM & LABOR	565		32,212			247,120
041 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	7,108	123,520	625,842	700	254,713	10,565,584
044 LABORATORY	1,581	20,114	460,220	600	297,690	4,669,437
050 PHYSICAL THERAPY	3,254	30,095	753,931	1,225	32,428	3,029,764
051 OCCUPATIONAL THERAPY	2,322	1,094	221,276		1,783	1,046,664
052 SPEECH PATHOLOGY	772	811	12,550			28,915
053 ELECTROCARDIOLOGY	1,549	66,044	316,520	225	22,329	2,561,386
055 MEDICAL SUPPLIES CHAR						403,928
056 DRUGS CHARGED TO PATI						4,275,554
059 DURABLE MEDICAL EQUIP						
059 01 SLEEP LAB	528	2,643	76,887		3,011	643,974
059 02 IV THERAPY						
060 OUTPAT SERVICE COST C						
061 CLINIC		27,625	215,692	425	97,331	
062 EMERGENCY	3,392	45,603	440,356	3,575	81,583	4,368,850
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C	1,250	13,382	414,038	75	31,826	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	123,942	910,912	10,395,127	14,175	3,108,849	47,990,356
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,000					
098 PHYSICIANS' PRIVATE O	4,640	2,582				
098 02 ORTHO CLINIC	316					
098 03 LEASED SPACE	17,516		68,822			
100 OTHER NONREIMBURSABLE	2,971					
100 01 PHYSICIAN BILLING COS						
100 02 KELLY MEDICAL RENTAL	571					
100 03 ANESTHESIA BILLNG					59,075	1,580,075
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,310,283	929,344	2,751,870	837,143	174,649	211,057
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.679900		.262986		.055130	
(WRKSHT B, PT I)		1.017351		59.057707		.004258
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			3,557	280,761	28,321	11,955
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000340		.008940	
(WRKSHT B, PT III)				19.806772		.000241

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B-1
 I I TO 5/31/2010 I

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		(GROSS PT. CHARGES)	RECONCIL-IATION	(ACCUM. COST	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE	(MEALS)SERVED
		6.05	6a.06	6.06	8	9	10	11
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R	50,749,382						
006	06 ADMINISTRATIVE & GENE		-2,155,254	22,517,500				
008	OPERATION OF PLANT			1,194,282	95,571			
009	LAUNDRY & LINEN SERVI			149,026	1,082	305,865		
010	HOUSEKEEPING			474,463	857	25,444	84,400	
011	DIETARY			920,365	5,766	1,857	2,100	163,867
012	CAFETERIA			11,812			4,875	106,417
014	NURSING ADMINISTRATIO			155,911	145			
015	CENTRAL SERVICES & SU			24,495				
016	PHARMACY			458,696	1,384		650	
017	MEDICAL RECORDS & LIB			514,777	2,899		650	
018	SOCIAL SERVICE			204,796	348		325	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	2,799,715		2,800,708	14,593	60,850	20,425	11,545
033	NURSERY	169,355		136,788			150	
034	SKILLED NURSING FACIL	406,847		673,455	10,436	35,345	9,925	16,253
036	OTHER LONG TERM CARE	1,654,651		929,140	13,013	84,552	10,100	29,652
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	11,118,612		3,878,111	13,545	40,130	14,125	
039	DELIVERY ROOM & LABOR	247,120		48,699	565			
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	10,565,584		2,592,912	7,108	18,501	1,300	
044	LABORATORY	4,669,437		1,388,789	1,581		2,100	
050	PHYSICAL THERAPY	3,029,764		1,182,283	3,254	17,218	1,300	
051	OCCUPATIONAL THERAPY	1,046,664		323,657	2,322		250	
052	SPEECH PATHOLOGY	28,915		33,376	772			
053	ELECTROCARDIOLOGY	2,437,792		677,592	1,549		250	
055	MEDICAL SUPPLIES CHAR	403,928		5,087				
056	DRUGS CHARGED TO PATI	4,275,554		523,219				
059	DURABLE MEDICAL EQUIP							
059	01 SLEEP LAB	643,974		156,084	528	2,248	725	
059	02 IV THERAPY							
	OUTPAT SERVICE COST C							
060	CLINIC	489,425		501,895			3,175	
061	EMERGENCY	2,651,172		1,452,082	3,392	17,631	3,075	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	689,526		655,994	1,250		500	
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	47,328,035	-2,155,254	22,068,494	86,389	303,776	76,000	163,867
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			8,680	1,000			
098	PHYSICIANS' PRIVATE O			58,461	4,640			
098	02 ORTHO CLINIC			2,743				
098	03 LEASED SPACE			309,872		2,089	8,400	
100	OTHER NONREIMBURSABLE			25,788	2,971			
100	01 PHYSICIAN BILLING COS	1,841,272		15,349				
100	02 KELLY MEDICAL RENTAL			4,956	571			
100	03 ANESTHESIA BILLNG	1,580,075		23,157				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	423,066		2,155,254	1,308,593	178,105	546,426	1,102,085
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				13.692365		6.474242	
	(WRKSHT B, PT I)	.008336		.095715		.582299		6.725485
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	20,116		193,351	186,844	12,932	17,950	88,042
	(WRKSHT B, PART III							
108	UNIT COST MULTIPLIER				1.955028		.212678	
	(WRKSHT B, PT III)	.000396		.008587		.042280		.537277

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B-1
 I I TO 5/31/2010 I

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMIN ISTRATION (FTE'S)	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS	PHARMACY (COSTED)REQUIS	MEDICAL RECOR DS & LIBRARY (GROSS PT.)CHARGES	SOCIAL SERVIC E (TIME)SPENT
	12	14	15	16	17	18
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	15,434					
014 NURSING ADMINISTRATIO	100	9,325				
015 CENTRAL SERVICES & SU			100			
016 PHARMACY	279			100		
017 MEDICAL RECORDS & LIB	917				50,749,382	
018 SOCIAL SERVICE	315	315				13,350
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	3,247	3,247			2,799,715	4,750
033 NURSERY	18	18			169,355	
034 SKILLED NURSING FACIL	1,184	1,184			406,847	3,700
036 OTHER LONG TERM CARE	1,845	1,663			1,654,651	1,975
ANCILLARY SRVC COST C						
037 OPERATING ROOM	1,884	1,884			11,118,612	125
039 DELIVERY ROOM & LABOR	68	68			247,120	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	1,113				10,565,584	
044 LABORATORY	1,074				4,669,437	
050 PHYSICAL THERAPY	1,547				3,029,764	
051 OCCUPATIONAL THERAPY	380				1,046,664	
052 SPEECH PATHOLOGY	4				28,915	
053 ELECTROCARDIOLOGY	513				2,437,792	
055 MEDICAL SUPPLIES CHAR			100		403,928	
056 DRUGS CHARGED TO PATI				100	4,275,554	
059 DURABLE MEDICAL EQUIP						
059 01 SLEEP LAB	151	151			643,974	
059 02 IV THERAPY						
OUTPAT SERVICE COST C						
060 CLINIC					489,425	200
061 EMERGENCY	795	795			2,651,172	325
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY					689,526	2,275
SPEC PURPOSE COST CEN						
095 SUBTOTALS	15,434	9,325	100	100	47,328,035	13,350
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 02 ORTHO CLINIC						
098 03 LEASED SPACE						
100 OTHER NONREIMBURSABLE						
100 01 PHYSICIAN BILLING COS					1,841,272	
100 02 KELLY MEDICAL RENTAL						
100 03 ANESTHESIA BILLNG					1,580,075	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	760,211	177,745	26,840	539,500	653,118	252,787
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		19.061126		5,395.000000		18.935356
(WRKSHT B, PT I)	49.255605		268.400000		.012869	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	62,275	3,618	436	32,164	74,913	9,952
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.387989		321.640000		.745468
(WRKSHT B, PT III)	4.034923		4.360000		.001476	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,861,701		3,861,701		3,861,701
33	NURSERY	154,261		154,261		154,261
34	SKILLED NURSING FACILITY	1,231,140		1,231,140		1,231,140
36	OTHER LONG TERM CARE	1,691,568		1,691,568		1,691,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,823,758		4,823,758		4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921		68,921		68,921
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,148,398		3,148,398		3,148,398
44	LABORATORY	1,669,953		1,669,953		1,669,953
50	PHYSICAL THERAPY	1,473,631		1,473,631		1,473,631
51	OCCUPATIONAL THERAPY	420,236		420,236		420,236
52	SPEECH PATHOLOGY	47,711		47,711		47,711
53	ELECTROCARDIOLOGY	821,916		821,916		821,916
55	MEDICAL SUPPLIES CHARGED	37,612		37,612		37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821		1,167,821		1,167,821
59	DURABLE MEDICAL EQUIPMENT					
59	01 SLEEP LAB	202,860		202,860		202,860
59	02 IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	580,575		580,575		580,575
61	EMERGENCY	1,762,272		1,762,272		1,762,272
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	601,448		601,448		601,448
101	SUBTOTAL	23,765,782		23,765,782		23,765,782
102	LESS OBSERVATION BEDS	601,448		601,448		601,448
103	TOTAL	23,164,334		23,164,334		23,164,334

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C
 I I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,360,832		2,360,832			
33	NURSERY	169,355		169,355			
34	SKILLED NURSING FACILITY	406,847		406,847			
36	OTHER LONG TERM CARE	1,650,931		1,650,931			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,035,081	7,083,531	11,118,612	.433845	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	202,634	44,486	247,120	.278897	.278897	.278897
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,168,702	9,396,882	10,565,584	.297986	.297986	.297986
44	LABORATORY	1,123,357	3,546,080	4,669,437	.357635	.357635	.357635
50	PHYSICAL THERAPY	585,348	2,444,416	3,029,764	.486385	.486385	.486385
51	OCCUPATIONAL THERAPY	315,223	731,441	1,046,664	.401500	.401500	.401500
52	SPEECH PATHOLOGY	13,885	15,030	28,915	1.650043	1.650043	1.650043
53	ELECTROCARDIOLOGY	266,618	2,171,174	2,437,792	.337156	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	332,735	71,193	403,928	.093116	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	3,270,405	1,005,149	4,275,554	.273139	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB	6,000	637,974	643,974	.315013	.315013	.315013
59	02 IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		356,873	356,873	1.626839	1.626839	1.626839
61	EMERGENCY	430,554	2,220,618	2,651,172	.664714	.664714	.664714
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,000	437,883	438,883	1.370406	1.370406	1.370406
101	SUBTOTAL	16,339,507	30,162,730	46,502,237			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,339,507	30,162,730	46,502,237			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,861,701		3,861,701		3,861,701
33	NURSERY	154,261		154,261		154,261
34	SKILLED NURSING FACILITY	1,231,140		1,231,140		1,231,140
36	OTHER LONG TERM CARE	1,691,568		1,691,568		1,691,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,823,758		4,823,758		4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921		68,921		68,921
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,148,398		3,148,398		3,148,398
44	LABORATORY	1,669,953		1,669,953		1,669,953
50	PHYSICAL THERAPY	1,473,631		1,473,631		1,473,631
51	OCCUPATIONAL THERAPY	420,236		420,236		420,236
52	SPEECH PATHOLOGY	47,711		47,711		47,711
53	ELECTROCARDIOLOGY	821,916		821,916		821,916
55	MEDICAL SUPPLIES CHARGED	37,612		37,612		37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821		1,167,821		1,167,821
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	202,860		202,860		202,860
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	580,575		580,575		580,575
61	EMERGENCY	1,762,272		1,762,272		1,762,272
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	601,448		601,448		601,448
101	SUBTOTAL	23,765,782		23,765,782		23,765,782
102	LESS OBSERVATION BEDS	601,448		601,448		601,448
103	TOTAL	23,164,334		23,164,334		23,164,334

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C
I I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,360,832		2,360,832			
33	NURSERY	169,355		169,355			
34	SKILLED NURSING FACILITY	406,847		406,847			
36	OTHER LONG TERM CARE	1,650,931		1,650,931			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,035,081	7,083,531	11,118,612	.433845	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	202,634	44,486	247,120	.278897	.278897	.278897
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,168,702	9,396,882	10,565,584	.297986	.297986	.297986
44	LABORATORY	1,123,357	3,546,080	4,669,437	.357635	.357635	.357635
50	PHYSICAL THERAPY	585,348	2,444,416	3,029,764	.486385	.486385	.486385
51	OCCUPATIONAL THERAPY	315,223	731,441	1,046,664	.401500	.401500	.401500
52	SPEECH PATHOLOGY	13,885	15,030	28,915	1.650043	1.650043	1.650043
53	ELECTROCARDIOLOGY	266,618	2,171,174	2,437,792	.337156	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	332,735	71,193	403,928	.093116	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	3,270,405	1,005,149	4,275,554	.273139	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB	6,000	637,974	643,974	.315013	.315013	.315013
59	02 IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		356,873	356,873	1.626839	1.626839	1.626839
61	EMERGENCY	430,554	2,220,618	2,651,172	.664714	.664714	.664714
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,000	437,883	438,883	1.370406	1.370406	1.370406
101	SUBTOTAL	16,339,507	30,162,730	46,502,237			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,339,507	30,162,730	46,502,237			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,823,758	373,802	4,449,956			4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921	7,261	61,660			68,921
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,148,398	267,750	2,880,648			3,148,398
44	LABORATORY	1,669,953	78,551	1,591,402			1,669,953
50	PHYSICAL THERAPY	1,473,631	113,832	1,359,799			1,473,631
51	OCCUPATIONAL THERAPY	420,236	32,475	387,761			420,236
52	SPEECH PATHOLOGY	47,711	9,403	38,308			47,711
53	ELECTROCARDIOLOGY	821,916	101,549	720,367			821,916
55	MEDICAL SUPPLIES CHARGED	37,612	1,333	36,279			37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821	45,691	1,122,130			1,167,821
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	202,860	11,975	190,885			202,860
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	580,575	43,515	537,060			580,575
61	EMERGENCY	1,762,272	177,796	1,584,476			1,762,272
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	601,448		601,448			601,448
101	SUBTOTAL	16,827,112	1,264,933	15,562,179			16,827,112
102	LESS OBSERVATION BEDS	601,448		601,448			601,448
103	TOTAL	16,225,664	1,264,933	14,960,731			16,225,664

Health Financial Systems MCRIF32 FOR HAMMOND-HENRY HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C
 I I TO 5/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,118,612	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	247,120	.278897	.278897
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	10,565,584	.297986	.297986
44	LABORATORY	4,669,437	.357635	.357635
50	PHYSICAL THERAPY	3,029,764	.486385	.486385
51	OCCUPATIONAL THERAPY	1,046,664	.401500	.401500
52	SPEECH PATHOLOGY	28,915	1.650043	1.650043
53	ELECTROCARDIOLOGY	2,437,792	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	403,928	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	4,275,554	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT			
59	01 SLEEP LAB	643,974	.315013	.315013
59	02 IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	356,873	1.626839	1.626839
61	EMERGENCY	2,651,172	.664714	.664714
62	OBSERVATION BEDS (NON-DIS	438,883	1.370406	1.370406
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	41,914,272		
102	LESS OBSERVATION BEDS	438,883		
103	TOTAL	41,475,389		

Health Financial Systems MCRIF32 FOR HAMMOND-HENRY HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C
 I I TO 5/31/2010 I PART II

**NOT A CMS WORKSHEET ** (09/2000)

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,823,758	373,802	4,449,956			4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921	7,261	61,660			68,921
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,148,398	267,750	2,880,648			3,148,398
44	LABORATORY	1,669,953	78,551	1,591,402			1,669,953
50	PHYSICAL THERAPY	1,473,631	113,832	1,359,799			1,473,631
51	OCCUPATIONAL THERAPY	420,236	32,475	387,761			420,236
52	SPEECH PATHOLOGY	47,711	9,403	38,308			47,711
53	ELECTROCARDIOLOGY	821,916	101,549	720,367			821,916
55	MEDICAL SUPPLIES CHARGED	37,612	1,333	36,279			37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821	45,691	1,122,130			1,167,821
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB	202,860	11,975	190,885			202,860
59	02 IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	580,575	43,515	537,060			580,575
61	EMERGENCY	1,762,272	177,796	1,584,476			1,762,272
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	601,448		601,448			601,448
101	SUBTOTAL	16,827,112	1,264,933	15,562,179			16,827,112
102	LESS OBSERVATION BEDS	601,448		601,448			601,448
103	TOTAL	16,225,664	1,264,933	14,960,731			16,225,664

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,118,612	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	247,120	.278897	.278897
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	10,565,584	.297986	.297986
44	LABORATORY	4,669,437	.357635	.357635
50	PHYSICAL THERAPY	3,029,764	.486385	.486385
51	OCCUPATIONAL THERAPY	1,046,664	.401500	.401500
52	SPEECH PATHOLOGY	28,915	1.650043	1.650043
53	ELECTROCARDIOLOGY	2,437,792	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	403,928	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	4,275,554	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT			
59	01 SLEEP LAB	643,974	.315013	.315013
59	02 IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	356,873	1.626839	1.626839
61	EMERGENCY	2,651,172	.664714	.664714
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	438,883	1.370406	1.370406
101	SUBTOTAL	41,914,272		
102	LESS OBSERVATION BEDS	438,883		
103	TOTAL	41,475,389		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET C
I		I	TO 5/31/2010	I	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST 8, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	4,281,300	10,117,772			
39	DELIVERY ROOM & LABOR ROO	92,251	246,362			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,161,560	9,036,415			
44	LABORATORY	1,504,882	4,073,363			
50	PHYSICAL THERAPY	1,299,348	3,237,961			
51	OCCUPATIONAL THERAPY	433,730	1,067,132			
52	SPEECH PATHOLOGY	98,828	119,820			
53	ELECTROCARDIOLOGY	591,716	1,662,642			
55	MEDICAL SUPPLIES CHARGED	93,309	313,422			
56	DRUGS CHARGED TO PATIENTS	909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT					
59	01 SLEEP LAB	147,481	379,250			
59	02 IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,535,017	2,648,189			
62	OBSERVATION BEDS (NON-DIS	539,771	445,545			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,688,917	37,201,368			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C
I I TO 5/31/2010 I PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	4,281,300		4,281,300	10,117,772			
39	DELIVERY ROOM & LABOR ROO	92,251		92,251	246,362			
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	3,161,560		3,161,560	9,036,415			
44	LABORATORY	1,504,882		1,504,882	4,073,363			
50	PHYSICAL THERAPY	1,299,348		1,299,348	3,237,961			
51	OCCUPATIONAL THERAPY	433,730		433,730	1,067,132			
52	SPEECH PATHOLOGY	98,828		98,828	119,820			
53	ELECTROCARDIOLOGY	591,716	36,002	627,718	1,662,642			
55	MEDICAL SUPPLIES CHARGED	93,309		93,309	313,422			
56	DRUGS CHARGED TO PATIENTS	909,724		909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT							
59	01 SLEEP LAB	147,481		147,481	379,250			
59	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	1,535,017	631,108	2,166,125	2,648,189			
62	OBSERVATION BEDS (NON-DIS	539,771		539,771	445,545			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	14,688,917	667,110	15,356,027	37,201,368			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2010 I PART V
 I 14-1319 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Cost/Charge	Outpatient	Outpatient
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.433845		.433845		
39 DELIVERY ROOM & LABOR ROOM	.278897		.278897		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.297986		.297986		
44 LABORATORY	.357635		.357635		
50 PHYSICAL THERAPY	.486385		.486385		
51 OCCUPATIONAL THERAPY	.401500		.401500		
52 SPEECH PATHOLOGY	1.650043		1.650043		
53 ELECTROCARDIOLOGY	.337156		.337156		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116		.093116		
56 DRUGS CHARGED TO PATIENTS	.273139		.273139		
59 DURABLE MEDICAL EQUIPMENT					
59 01 SLEEP LAB	.315013		.315013		
59 02 IV THERAPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.626839		1.626839		
61 EMERGENCY	.664714		.664714		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		1.370406		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2010 I PART V
 I 14-1319 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,234,582			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,426,350			
44 LABORATORY		1,811,674			
50 PHYSICAL THERAPY		727,623			
51 OCCUPATIONAL THERAPY		218,315			
52 SPEECH PATHOLOGY		10,187			
53 ELECTROCARDIOLOGY		1,096,455			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		70,803			
56 DRUGS CHARGED TO PATIENTS		853,937			
59 DURABLE MEDICAL EQUIPMENT					
59 01 SLEEP LAB		166,722			
59 02 IV THERAPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		161,035			
61 EMERGENCY		888,374			
62 OBSERVATION BEDS (NON-DISTINCT PART)		245,899			
101 SUBTOTAL		11,911,956			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		11,911,956			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2010 I PART V
 I 14-1319 I I

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	969,462		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	1,021,004		
44 LABORATORY	647,918		
50 PHYSICAL THERAPY	353,905		
51 OCCUPATIONAL THERAPY	87,653		
52 SPEECH PATHOLOGY	16,809		
53 ELECTROCARDIOLOGY	369,676		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,593		
56 DRUGS CHARGED TO PATIENTS	233,243		
59 DURABLE MEDICAL EQUIPMENT			
59 01 SLEEP LAB	52,520		
59 02 IV THERAPY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC	261,978		
61 EMERGENCY	590,515		
62 OBSERVATION BEDS (NON-DISTINCT PART)	336,981		
101 SUBTOTAL	4,948,257		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	4,948,257		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
I COMPONENT NO: I TO 5/31/2010 I PART VI
I 14-1319 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2 PROGRAM VACCINE CHARGES
3 PROGRAM COSTS

1
.273139
7,097
1,938

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2010 I PART II
 I 14-5464 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 5/31/2010 I PART II
 I 14-5464 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	DURABLE MEDICAL EQUIPMENT		
59 01	SLEEP LAB		
59 02	IV THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB					
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			11,118,612				
39	OPERATING ROOM			247,120				
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			10,565,584			13,264	
44	RADIOLOGY-DIAGNOSTIC			4,669,437			27,088	
50	LABORATORY			3,029,764			268,469	
51	PHYSICAL THERAPY			1,046,664			146,670	
52	OCCUPATIONAL THERAPY			28,915			5,357	
53	SPEECH PATHOLOGY			2,437,792			3,054	
55	ELECTROCARDIOLOGY			403,928			1,782	
56	MEDICAL SUPPLIES CHARGED			4,275,554			90,678	
59	DRUGS CHARGED TO PATIENTS							
59	DURABLE MEDICAL EQUIPMENT							
59	01 SLEEP LAB			643,974			3,024	
59	02 IV THERAPY							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			356,873				
61	EMERGENCY			2,651,172				
62	OBSERVATION BEDS (NON-DIS			438,883				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			41,914,272			559,386	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART I
I	14-1319	I		I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,045
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,463
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,463
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	312
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	270
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,754
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	312
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	217
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	115.73
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	119.20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,861,701
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	555,630
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,306,071

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,349,852
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,349,852
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.406927
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	678.56
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,306,071

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	954.69
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,674,526
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,674,526

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1,621,811
 3,296,337

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	297,863
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	207,168
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	505,031
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2010 I PART III
 I 14-1319 I I

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	630
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	954.68
85	OBSERVATION BED COST	601,448

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART I
I	14-5464	I		I	

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,164
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,164
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,164
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,305
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,231,140
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,231,140

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	406,847
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	406,847
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.026052
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	78.79
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,231,140

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART III
I	14-5464	I		I	

TITLE XVIII PART A SNF PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,231,140
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	238.41
68	PROGRAM ROUTINE SERVICE COST	311,125
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	311,125
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	152,702
72	PER DIEM CAPITAL-RELATED COSTS	29.57
73	PROGRAM CAPITAL-RELATED COSTS	38,589
74	INPATIENT ROUTINE SERVICE COST	272,536
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	272,536
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	311,125
80	PROGRAM INPATIENT ANCILLARY SERVICES	238,863
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	549,988

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART I
I	14-5464	I		I	

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,164
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,164
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,164
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,259
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 5/31/2010 I PART III
 I 14-5464 I I

TITLE XIX - I/P

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	152,702
72	PER DIEM CAPITAL-RELATED COSTS	29.57
73	PROGRAM CAPITAL-RELATED COSTS	37,229
74	INPATIENT ROUTINE SERVICE COST	-37,229
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-37,229
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-1319 I I

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,374,720	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.433845	1,956,471	848,805
39	DELIVERY ROOM & LABOR ROOM	.278897	1,931	539
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	252,944	75,374
44	LABORATORY	.357635	438,543	156,838
50	PHYSICAL THERAPY	.486385	120,400	58,561
51	OCCUPATIONAL THERAPY	.401500	59,563	23,915
52	SPEECH PATHOLOGY	1.650043	5,057	8,344
53	ELECTROCARDIOLOGY	.337156	85,036	28,670
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	224,725	20,925
56	DRUGS CHARGED TO PATIENTS	.273139	1,440,223	393,381
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.315013	2,334	735
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.626839		
61	EMERGENCY	.664714	7,821	5,199
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.370406	383	525
101	TOTAL		4,595,431	1,621,811
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,595,431	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-2319 I I

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.433845		
39	DELIVERY ROOM & LABOR ROOM	.278897		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	32,004	9,537
44	LABORATORY	.357635	23,577	8,432
50	PHYSICAL THERAPY	.486385	109,319	53,171
51	OCCUPATIONAL THERAPY	.401500	57,098	22,925
52	SPEECH PATHOLOGY	1.650043	2,513	4,147
53	ELECTROCARDIOLOGY	.337156	690	233
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	3,997	372
56	DRUGS CHARGED TO PATIENTS	.273139	59,654	16,294
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.315013	584	184
59 02	IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.626839		
61	EMERGENCY	.664714		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		289,436	115,295
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		289,436	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-5464 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.433845		
39	DELIVERY ROOM & LABOR ROOM	.278897		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	13,264	3,952
44	LABORATORY	.357635	27,088	9,688
50	PHYSICAL THERAPY	.486385	268,469	130,579
51	OCCUPATIONAL THERAPY	.401500	146,670	58,888
52	SPEECH PATHOLOGY	1.650043	5,357	8,839
53	ELECTROCARDIOLOGY	.337156	3,054	1,030
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	1,782	166
56	DRUGS CHARGED TO PATIENTS	.273139	90,678	24,768
59	DURABLE MEDICAL EQUIPMENT			
59	01 SLEEP LAB	.315013	3,024	953
59	02 IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.626839		
61	EMERGENCY	.664714		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		559,386	238,863
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		559,386	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 5/31/2010	I PART B
I 14-1319	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,950,195
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,950,195

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,999,697
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	46,859
18.01	CAH ACTUAL BILLED COINSURANCE	2,030,807
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,922,031
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,922,031
24	PRIMARY PAYER PAYMENTS	123
25	SUBTOTAL	2,921,908

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	56,259
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	56,259
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,978,167
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,978,167
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,700,478
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	277,689
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET E
I	COMPONENT NO:	I	TO 5/31/2010	I	PART B
I	14-5464	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-1319 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,885,066		2,756,157
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/23/2009	81,206	12/23/2009	55,679
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-81,206		-55,679
4 TOTAL INTERIM PAYMENTS		2,803,860		2,700,478
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		122,283		277,689
7 TOTAL MEDICARE PROGRAM LIABILITY		2,926,143		2,978,167

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-5464 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		398,519		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			398,519	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			398,519	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2010 I
 I 14-2319 I I

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		559,854		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	12/23/2009	7,784		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		-7,784		NONE
		552,070		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		68,820		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		620,890		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I
 I COMPONENT NO: I TO 5/31/2010 I WORKSHEET E-2
 I 14-Z319 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	510,081	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	116,448	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	529	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	626,529	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	626,529	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	626,529	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,639	
14	80% OF PART B COSTS		
15	SUBTOTAL	620,890	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	620,890	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	552,070	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	68,820	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 5/31/2010 I PART II
 I 14-1319 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,296,337
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,296,337
5	PRIMARY PAYER PAYMENTS	562
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,328,733

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	

12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

18	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,328,733
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	403,614
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,925,119
23	COINSURANCE	1,068
24	SUBTOTAL	2,924,051
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	2,092
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,092
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,926,143
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,926,143
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,803,860
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	122,283
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 5/31/2010 I PART III
 I 14-5464 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
	INPATIENT HOSPITAL/SNF/NF SERVICES			
2				
	MEDICAL AND OTHER SERVICES			
3				
	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4				
	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5				
	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6				
	SUBTOTAL			
7				
	INPATIENT PRIMARY PAYER PAYMENTS			
8				
	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
	ROUTINE SERVICE CHARGES			
11				
	ANCILLARY SERVICE CHARGES			
12				
	INTERNS AND RESIDENTS SERVICE CHARGES			
13				
	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14				
	TEACHING PHYSICIANS			
15				
	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16				
	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17				
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18				
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19				
	RATIO OF LINE 17 TO LINE 18			
20				
	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				
	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24				448,713
	OTHER THAN OUTLIER PAYMENTS			
25				
	OUTLIER PAYMENTS			
26				
	PROGRAM CAPITAL PAYMENTS			
27				
	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28				
	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29				
	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30				448,713
	SUBTOTAL			
31				
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32				448,713
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33				
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
	EXCESS OF REASONABLE COST			
35				448,713
	SUBTOTAL			
36				50,194
	COINSURANCE			
37				
	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38				
	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02				
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39				
	UTILIZATION REVIEW			
40				398,519
	SUBTOTAL (SEE INSTRUCTIONS)			
41				
	INPATIENT ROUTINE SERVICE COST			
42				
	MEDICARE INPATIENT ROUTINE CHARGES			
43				
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44				
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45				
	RATIO OF LINE 43 TO 44			
46				
	TOTAL CUSTOMARY CHARGES			
47				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49				
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50				
	OTHER ADJUSTMENTS (SPECIFY)			
51				
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52				398,519
	SUBTOTAL			
53				
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54				
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55				398,519
	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56				
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57				398,519
	INTERIM PAYMENTS			
57.01				
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58				
	BALANCE DUE PROVIDER/PROGRAM			
59				
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 5/31/2010	I	PART III
I	14-5464	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

I
I
I

PROVIDER NO:
14-1319

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
I
I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,970,804			
2	TEMPORARY INVESTMENTS	925,469			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,763,571			
5	OTHER RECEIVABLES	1,059,924			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,535,000			
7	INVENTORY	756,412			
8	PREPAID EXPENSES	296,415			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,237,595			
FIXED ASSETS					
12	LAND	1,108,543			
12.01	LAND IMPROVEMENTS	713,866			
13	LESS ACCUMULATED DEPRECIATION	-506,388			
13.01	BUILDINGS	24,540,837			
14	LESS ACCUMULATED DEPRECIATION	-11,081,104			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	9,446,363			
18	LESS ACCUMULATED DEPRECIATION	-7,283,113			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	16,939,004			
21	OTHER ASSETS				
22	INVESTMENTS	30,715,992			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,785,657			
26	TOTAL OTHER ASSETS	33,501,649			
27	TOTAL ASSETS	58,678,248			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	464,839			
29 SALARIES, WAGES & FEES PAYABLE	1,094,221			
30 PAYROLL TAXES PAYABLE	197,867			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	750,000			
32 DEFERRED INCOME	145,647			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	175,469			
36 TOTAL CURRENT LIABILITIES	2,828,043			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	27,315,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	27,315,000			
43 TOTAL LIABILITIES	30,143,043			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	28,535,205			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	28,535,205			
52 TOTAL LIABILITIES AND FUND BALANCES	58,678,248			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		25,968,421		
	OF PERIOD				
2	NET INCOME (LOSS)		1,275,505		
3	TOTAL		27,243,926		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5	RESTRICTED CONTRIBUTIONS	48,541			
6	UNREALIZED GAINS AND LOSS	42,264			
7	FOUNDATION ACTIVITY	1,200,474			
8					
9					
10	TOTAL ADDITIONS		1,291,279		
11	SUBTOTAL		28,535,205		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		28,535,205		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5	RESTRICTED CONTRIBUTIONS				
6	UNREALIZED GAINS AND LOSS				
7	FOUNDATION ACTIVITY				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF				
	PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET G-2
 I I TO 5/31/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,349,852		2,349,852
4 00 SWING BED - SNF	217,930		217,930
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	406,847		406,847
8 00 OTHER LONG TERM CARE	1,650,931		1,650,931
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,625,560		4,625,560
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,625,560		4,625,560
17 00 ANCILLARY SERVICES	12,590,415	32,449,461	45,039,876
18 00 OUTPATIENT SERVICES		401,958	401,958
19 00 HOME HEALTH AGENCY		689,526	689,526
24 00			
25 00 TOTAL PATIENT REVENUES	17,215,975	33,540,945	50,756,920

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		27,171,562	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	844,131		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		844,131	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		28,015,693	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET G-3
 I I TO 5/31/2010 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	50,756,920
2	LESS: ALLOWANCES AND DISCOUNTS ON	23,477,740
3	NET PATIENT REVENUES	27,279,180
4	LESS: TOTAL OPERATING EXPENSES	28,015,693
5	NET INCOME FROM SERVICE TO PATIENT	-736,513
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUES	124,308
7	INCOME FROM INVESTMENTS	462,709
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	156,163
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	365,118
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	OTHER REVENUE	8,353
24.02		
24.03	ATHLETIC TRAINING	18,083
24.04	SUMMIT	69,239
24.05	OUTREACH SERVICES	12,766
24.06	PROPERTY TAX REVENUE	677,053
24.07	LEASED SPACE AND EMPLOYEES	117,076
24.08	GAIN ON DISPOSAL OF CAPITAL ASSETS	1,150
24.09		
25	TOTAL OTHER INCOME	2,012,018
26	TOTAL	1,275,505
OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,275,505

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	83,905				50,185	134,090
HHA REIMBURSABLE SERVICES						
6	301,057		27,579			328,636
7			12,244			12,244
8			3,315			3,315
9			1,320			1,320
10			450			450
11	29,076		8,449			37,525
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	414,038		53,357		50,185	517,580

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		134,090	-6,868	127,222
HHA REIMBURSABLE SERVICES				
6		328,636		328,636
7		12,244		12,244
8		3,315		3,315
9		1,320		1,320
10		450		450
11		37,525		37,525
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		517,580	-6,868	510,712

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-127,222	383,490
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					328,636
7	PHYSICAL THERAPY					12,244
8	OCCUPATIONAL THERAPY					3,315
9	SPEECH PATHOLOGY					1,320
10	MEDICAL SOCIAL SERVICES					450
11	HOME HEALTH AIDE					37,525
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-127,222	383,490
25	COST TO BE ALLOCATED					127,222
26	UNIT COST MULTIPLIER					.331748

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03
1 ADMIN & GENERAL		10,850	13,614	22,066	4,429	1,755
2 SKILLED NURSING CARE	437,660			79,173		
3 PHYSICAL THERAPY	16,306					
4 OCCUPATIONAL THERAPY	4,415					
5 SPEECH PATHOLOGY	1,758					
6 MEDICAL SOCIAL SERVICES	599					
7 HOME HEALTH AIDE	49,974			7,647		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	510,712	10,850	13,614	108,886	4,429	1,755
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	ADMINISTRATI VE & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL		5,748	58,462	5,596	17,115	
2 SKILLED NURSING CARE			516,833	49,468		
3 PHYSICAL THERAPY			16,306	1,561		
4 OCCUPATIONAL THERAPY			4,415	423		
5 SPEECH PATHOLOGY			1,758	168		
6 MEDICAL SOCIAL SERVICES			599	57		
7 HOME HEALTH AIDE			57,621	5,515		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,748	655,994	62,788	17,115	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10	11	12	14	15	16
1 ADMIN & GENERAL	3,237					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,237					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G
	17	18	25	26	27	28
1 ADMIN & GENERAL	8,874	43,078	136,362		136,362	
2 SKILLED NURSING CARE			566,301		566,301	117,945
3 PHYSICAL THERAPY			17,867		17,867	3,721
4 OCCUPATIONAL THERAPY			4,838		4,838	1,008
5 SPEECH PATHOLOGY			1,926		1,926	401
6 MEDICAL SOCIAL SERVICES			656		656	137
7 HOME HEALTH AIDE			63,136		63,136	13,150
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,874	43,078	791,086		791,086	136,362
21 UNIT COST MULTIPLIER						0.208274

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	684,246
3 PHYSICAL THERAPY	21,588
4 OCCUPATIONAL THERAPY	5,846
5 SPEECH PATHOLOGY	2,327
6 MEDICAL SOCIAL SERVICES	793
7 HOME HEALTH AIDE	76,286
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	791,086
21 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES	DATA PROCESS ING (TIME SPENT	6.02	PURCHASING, RECEIVING AN (SUPPLY COST	6.03	ADMITTING (GROSS CHARGES	6.04
1 ADMIN & GENERAL	1,250	13,382	83,905		75	31,826			
2 SKILLED NURSING CARE			301,057						
3 PHYSICAL THERAPY									
4 OCCUPATIONAL THERAPY									
5 SPEECH PATHOLOGY									
6 MEDICAL SOCIAL SERVICES									
7 HOME HEALTH AIDE			29,076						
8 SUPPLIES									
9 DRUGS									
9.20 COST ADMINISTERING DRUGS									
10 DME									
11 HOME DIALYSIS AIDE SVCS									
12 RESPIRATORY THERAPY									
13 PRIVATE DUTY NURSING									
14 CLINIC									
15 HEALTH PROM ACTIVITIES									
16 DAY CARE PROGRAM									
17 HOME DEL MEALS PROGRAM									
18 HOMEMAKER SERVICE									
19 ALL OTHER									
19.50 TELEMEDICINE									
20 TOTAL (SUM OF 1-19)	1,250	13,382	414,038		75	31,826			
21 COST TO BE ALLOCATED	10,850	13,614	108,886		4,429	1,755			
22 UNIT COST MULTIPLIER	8.680000	1.017337	0.262986		59.053333	0.055144			

HHA COST CENTER	CASHIERING/A CCOUNTS RECE (GROSS PT. CHARGES	6.05	RECONCILIATI ON	6A.06	ADMINISTRATI VE & GENERAL (ACCUM. COST	6.06	OPERATION OF PLANT (SQUARE FEET	8	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	9	HOUSEKEEPING (HOURS OF SERVICE	10
1 ADMIN & GENERAL	689,526				58,462		1,250				500	
2 SKILLED NURSING CARE					516,833							
3 PHYSICAL THERAPY					16,306							
4 OCCUPATIONAL THERAPY					4,415							
5 SPEECH PATHOLOGY					1,758							
6 MEDICAL SOCIAL SERVICES					599							
7 HOME HEALTH AIDE					57,621							
8 SUPPLIES												
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME												
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19)	689,526				655,994		1,250				500	
21 COST TO BE ALLOCATED	5,748				62,788		17,115				3,237	
22 UNIT COST MULTIPLIER	0.008336				0.095714		13.692000				6.474000	

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS	SERVICING & SUPPLIES (COSTED) REQUIS	PHARMACY (COSTED) REQUIS	MEDICAL RECORDS & LIBRARIES (GROSS PT.) CHARGES
	11	12	14	15	16	17	
1 ADMIN & GENERAL							689,526
2 SKILLED NURSING CARE							
3 PHYSICAL THERAPY							
4 OCCUPATIONAL THERAPY							
5 SPEECH PATHOLOGY							
6 MEDICAL SOCIAL SERVICES							
7 HOME HEALTH AIDE							
8 SUPPLIES							
9 DRUGS							
9.20 COST ADMINISTERING DRUGS							
10 DME							
11 HOME DIALYSIS AIDE SVCS							
12 RESPIRATORY THERAPY							
13 PRIVATE DUTY NURSING							
14 CLINIC							
15 HEALTH PROM ACTIVITIES							
16 DAY CARE PROGRAM							
17 HOME DEL MEALS PROGRAM							
18 HOMEMAKER SERVICE							
19 ALL OTHER							
19.50 TELEMEDICINE							
20 TOTAL (SUM OF 1-19)							689,526
21 COST TO BE ALLOCATED							8,874
22 UNIT COST MULTIPLIER							0.012870

SOCIAL SERVICE

HHA COST CENTER	(TIME SPENT)
	18
1 ADMIN & GENERAL	2,275
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19)	2,275
21 COST TO BE ALLOCATED	43,078
22 UNIT COST MULTIPLIER	18.935385

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-6
 I HHA NO: I TO 5/31/2010 I PARTS I II & III
 I 14-7450 I I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A 6
PATIENT SERVICES							
1 SKILLED NURSING	2	684,246	2	684,246	4,534	150.91	1,416
2 PHYSICAL THERAPY	3	21,588	147,489	169,077	2,013	83.99	1,038
3 OCCUPATIONAL THERAPY	4	5,846	33,288	39,134	545	71.81	176
4 SPEECH PATHOLOGY	5	2,327	2,970	5,297	217	24.41	12
5 MEDICAL SOCIAL SERVICES	6	793		793	74	10.72	24
6 HOME HEALTH AIDE SERVICE	7	76,286		76,286	1,389	54.92	457
7 TOTAL		791,086	183,747	974,833	8,772		3,123

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	1,946	803	213,689	293,671	67,444	507,360
3 OCCUPATIONAL THERAPY	325	2	87,182	67,444	23,338	154,626
4 SPEECH PATHOLOGY	2	45	12,639	293	49	35,977
5 MEDICAL SOCIAL SERVICES	45	785	257	482		342
6 HOME HEALTH AIDE SERVICES	785	3,906	25,098	43,112		739
7 TOTAL	3,906		339,158	428,096		68,210

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		
8 SKILLED NURSING	1960	
9 PHYSICAL THERAPY	1960	
10 OCCUPATIONAL THERAPY	1960	
11 SPEECH PATHOLOGY	1960	
12 MEDICAL SOCIAL SERVICES	1960	
13 HOME HEALTH AIDE SERVICE	1960	
14 TOTAL		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11	12
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-6
 I HHA NO: I TO 5/31/2010 I PARTS I II & III
 I 14-7450 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		745	745	8,000	.093125	1,623
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	2,421		151	225
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1960	
17 PER BENE COST LIMITATION (FRM FI)	1960	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.486385	303,236	147,489	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.401500	82,910	33,288	COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.650043	1,800	2,970	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.093116	8,000	745	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.273139			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 3	1/1/1998 TO 12/31/1998 4	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY		83.99	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		71.81					
3 SPEECH PATHOLOGY		24.41					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-7
 I HHA NO: I TO 5/31/2010 I PARTS I & II
 I 14-7450 I I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	367,569	466,869	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	367,569	466,869	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	367,569	466,869	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	372,955	475,725
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	6,139	8,352
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,728	7,951
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,147	1,495
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	387,969	493,523
13 EXCESS REASONABLE COST		
14 SUBTOTAL	387,969	493,523
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	387,969	493,523
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	387,969	493,523
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	387,969	493,523
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	387,969	493,523
25 INTERIM PAYMENTS	387,969	493,426
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		97
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: 14-1319
 I HHA NO: 14-7450
 I PERIOD: FROM 6/ 1/2009 TO 5/31/2010
 I PREPARED 10/21/2010
 I WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		387,969		493,426
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		387,969		493,426
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			97
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		387,969		493,523

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.